Military Academy Nomination Application Congressman Christopher Shays

Name: Last	First		
Academy Preference: (1st, 2nd, 3rd etc) Air Force Academy Merchant Marine Academy	Military Academy Naval Academy		
Current Mailing Address: Street State	Town Zip		
Permanent Connecticut Address: Street State	Town Zip		
Telephone: Home	Other		
Social Security:	Date of Birth:		
Male/Female	Height:	Weight:	
Father's Name:	Mother's Name:		
High School (s) attended:	Date of Graduation:		
Class Rank:	Class Size:		
List all SAT/ACT scores and dates taken:			
<u>Use additional Paper as Needed</u> Please list all sports, extracurricular and community activities you have been involved with:			
Please list all award, honors or special recognition you have received:			
Please list any full or part-time jobs you have held:			

Have any of your immediate family members served in the U.S. Mi	litary?
Have any of your immediate family members graduated from a U.S	S. Service Academy?
I certify that I am a legal resident of the State of Connecticut and a requirements. If I have not submitted all necessary documents by may not be given final consideration for nomination.	
Applicant's Signature	Date